

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10 523456

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
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3	1					
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TOTAL IND.	6		↓		↓	↓
TOTAL DEP.	3	←		←		←
TOTAL CLAIMS	9	██████		██████	██████	██████

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		██████		██████	██████	██████